

Return of Organization Exempt From Income Tax  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury  
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the 2002 calendar year, or tax year beginning and ending

**B** Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return  
☐ Amended return  
☐ Application pending

**C** Name of organization  
PROJECT CURE, INC  
Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
1000 NORTH FIELD COURT 160  
City or town, state or country, and ZIP + 4  
ROSWELL GA 30076

**D** Employer ID number  
52-1317559

**E** Telephone number  
770-569-0740

**F** Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify)

**G** Web site: ▶

**J** Organization type  
(check only one) ☒ 501(c) ( 4 ) (insert no.) ☐ 4947(a)(1) or ☐ 527

**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 4,545,295

**H** and **I** are not applicable to section 527 organizations.  
**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No  
**H(b)** If "Yes," enter no. of affiliates ▶  
**H(c)** Are all affiliates included? ☐ Yes ☐ No (If "No," att. a list. See instr.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☐ No  
**I** Enter 4-digit GEN ▶  
**M** Check ☒ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 17 of the instructions.)									
R e v e n u e	1	Contributions, gifts, grants, and similar amounts received:							
	a	Direct public support	1a	4,396,657					
	b	Indirect public support	1b						
	c	Government contributions (grants)	1c						
	d	Total (add lines 1a through 1c) (cash \$ 4,396,657 noncash \$ )	1d	4,396,657					
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2						
	3	Membership dues and assessments	3						
	4	Interest on savings and temporary cash investments	4						
	5	Dividends and interest from securities	5						
	6a	Gross rents	6a						
E x p e n s e s	b	Less: rental expenses	6b						
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c						
	7	Other investment income (describe )	7						
	8a	Gross amount from sales of assets other than inventory	(A) Securities	8a		(B) Other			
	b	Less: cost or other basis and sales expenses	8b						
	c	Gain or (loss) (attach schedule)	8c						
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d						
	9	Special events and activities (attach schedule)							
	a	Gross revenue (not including \$ of contributions reported on line 1a)	9a						
	b	Less: direct expenses other than fundraising expenses	9b						
A s s e t s	c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c						
	10a	Gross sales of inventory, less returns and allowances	10a						
	b	Less: cost of goods sold	10b						
	c	Gross profit or (loss) from sales of inventory (att. sch.) (subtract line 10b from line 10a)	10c						
	11	Other revenue (from Part VII, line 103)	11	148,638					
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	4,545,295					
	13	Program services (from line 44, column (B))	13	1,206,185					
	14	Management and general (from line 44, column (C))	14	165,468					
	15	Fundraising (from line 44, column (D))	15	3,268,809					
	16	Payments to affiliates (attach schedule)	16						
N e t	17	Total expenses (add lines 16 and 44, column (A))	17	4,640,462					
	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	-95,167					
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	-1,082,468					
	20	Other changes in net assets or fund balances (attach explanation)	20						
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	-1,177,635					

**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 21 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ non-cash \$ )	22			
23	Specific assistance to individuals	23			
24	Benefits paid to or for members	24			
25	Compensation of officers, directors, etc.	25	132,000	79,200	26,400
26	Other salaries and wages	26			
27	Pension plan contributions	27			
28	Other employee benefits	28	6,025	6,025	
29	Payroll taxes	29	2,008		2,008
30	Professional fundraising fees	30	776,993	194,748	582,245
31	Accounting fees	31	21,389	21,389	
32	Legal fees	32	12,716	5,592	7,124
33	Supplies	33			
34	Telephone	34	5,720	5,720	
35	Postage and shipping	35	481,526	120,203	716
36	Occupancy	36	26,001	26,001	360,607
37	Equipment rental and maintenance	37			
38	Printing and publications	38	1,519,903	380,209	1,139,694
39	Travel	39	10,957	7,670	2,191
40	Conferences, conventions, and meetings	40			1,096
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule)	42	3,152	3,152	
43	Other expenses not covered above (itemize): a	43a			
	b SEE STATEMENT 1	43b	1,642,072	412,538	72,775
	c	43c			1,156,759
	d	43d			
	e	43e			
44	Total functional expenses (add lines 22 - 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	4,640,462	1,206,185	165,468
					3,268,809

**Joint Costs.** Check ☐ if you are following SOP 98-2.  
Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No  
If "Yes," enter (i) the aggregate amount of these joint costs \$ ; (ii) the amount allocated to Program services \$ ;  
(iii) the amount allocated to Management and general \$ ; and (iv) the amount allocated to Fundraising \$

**Part III Statement of Program Service Accomplishments** (See page 24 of the instructions.)

What is the organization's primary exempt purpose?		Program Service Expenses (Required for 501(c)(3) & (4) orgs. & 4947(a)(1) trusts; but optional for others.)
SEE ATTACHED LISTING		
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)		
a	SEE STATEMENT 2	
	(Grants and allocations \$ )	
b		
	(Grants and allocations \$ )	
c		
	(Grants and allocations \$ )	
d		
	(Grants and allocations \$ )	
e	Other program services (attach schedule)	(Grants and allocations \$ ) 1,206,185
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	1,206,185

**Part IV Balance Sheets** (See page 24 of the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
45	Cash - non-interest-bearing	23,390	45	209,054
46	Savings and temporary cash investments		46	
47a	Accounts receivable		47a	
b	Less: allowance for doubtful accounts		47b	
			47c	
48a	Pledges receivable		48a	
b	Less: allowance for doubtful accounts		48b	
			48c	
49	Grants receivable		49	
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
51a	Other notes and loans receivable (attach schedule)		51a	
b	Less: allowance for doubtful accounts		51b	
			51c	
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges		53	
54	Investments-securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
55a	Investments-land, buildings, and equipment: basis		55a	
b	Less: accumulated depreciation (attach schedule)		55b	
			55c	
56	Investments-other (attach schedule)		56	
57a	Land, buildings, and equipment: basis	166,907	57a	
b	Less: accumulated depreciation (attach schedule)	61,168	57b	
		84,151	57c	105,739
58	Other assets (describe <input type="checkbox"/> SEE STMT 3 )	15,670	58	4,705
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)	123,211	59	319,498
60	Accounts payable and accrued expenses	1,205,679	60	1,494,325
61	Grants payable		61	
62	Deferred revenue		62	
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
64a	Tax-exempt bond liabilities (attach schedule)		64a	
b	Mortgages and other notes payable (attach schedule)		64b	
65	Other liabilities (describe <input type="checkbox"/> SEE STMT 4 )		65	2,808
66	<b>Total liabilities</b> (add lines 60 through 65)	1,205,679	66	1,497,133
<b>Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>				
67	Unrestricted		67	
68	Temporarily restricted		68	
69	Permanently restricted		69	
<b>Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74.</b>				
70	Capital stock, trust principal, or current funds		70	
71	Paid-in or capital surplus, or land, building, and equipment fund		71	
72	Retained earnings, endowment, accumulated income, or other funds	-1,082,468	72	-1,177,635
73	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	-1,082,468	73	-1,177,635
74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	123,211	74	319,498

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

DAA

Part IV-B	Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
N/A	

**Part V** **List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated; see page 26 of the instructions.)

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ▶ ☐ Yes ☒ No  
If "Yes," attach schedule-see page 26 of the instructions.

**Part VI Other Information** (See page 27 of the instructions.)

Yes No

76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		X
78a	Did the organization have unrelated business gross inc. of \$1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.			
81a	Enter direct or indirect political expenditures. See line 81 instr.	81a		
b	Did the organization file Form 1120-POL for this year?	81b		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	X	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	X	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	X	
c	Dues, assessments, and similar amounts from members	85c		
d	Section 162(e) lobbying and political expenditures	85d		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a		
b	Gross receipts, included on line 12, for public use of club facilities	86b		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> ; section 4912 <input type="checkbox"/> ; section 4955 <input type="checkbox"/>			
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization			0
90a	List the states with which a copy of this return is filed <input type="checkbox"/> AL AR AZ CA			
b	Number of employees employed in the pay period that includes March 12, 2002 (See instructions.)	90b		
91	The books are in care of <input type="checkbox"/> PROJECT CURE, INC Telephone no. <input type="checkbox"/> 770-569-0740 Located at <input type="checkbox"/> 1000 NORTH FIELD COURT #160 ROSWELL, GA ZIP + 4 <input type="checkbox"/> 30076			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 92			

Form **990** (2002)

Form **4562**

**Depreciation and Amortization**  
(Including Information on Listed Property)

OMB No. 1545-0172  
**2002**  
Attachment Sequence No. **67**

Department of the Treasury  
Internal Revenue Service

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return **PROJECT CURE, INC** Identifying number **52-1317559**

Business or activity to which this form relates

**INDIRECT DEPRECIATION**

**Part I Election To Expense Certain Tangible Property Under Section 179**  
**Note: If you have any listed property, complete Part V before you complete Part I.**

1	Maximum amount. See page 2 of the instructions for a higher limit for certain businesses	1	24,000
2	Total cost of section 179 property placed in service (see page 2 of the instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see pg. 2 of the instr.	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2001 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2003. Add lines 9 and 10, less line 12	13	

**Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)**

14	Special depreciation allowance for qualified prop. (other than listed prop.) placed in service during the tax year (see pg. 3 of the instr.)	14	1,306
15	Property subject to section 168(f)(1) election (see page 4 of the instructions)	15	
16	Other depreciation (including ACRS) (see page 4 of the instructions)	16	

**Part III MACRS Depreciation (Do not include listed property.) (See page 4 of the instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2002	17	1,318
18	If you are electing under section 168(l)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B-Assets Placed in Service During 2002 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		3,049	5.0	MO	200DB	286
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property	6/30/02	11,627	39 yrs.	MM	S/L	161
	VARIOUS	8,759	39.0	MM	S/L	81

**Section C-Assets Placed in Service During 2002 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

**Part IV Summary (see page 6 of the instructions)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations-see instr.	22	3,152
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

## Federal Statements

## Statement 1 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
EXPENSES				
BANK CHARGES	15,944		15,944	
DUES & SUBSCRIPTIONS	3,295		3,295	
DIRECTORS' FEES	3,080		3,080	
INSURANCE	4,606		4,606	
LEGAL & PROFESSIONAL	3,700		3,700	
MISCELLANEOUS	55		55	
OUTSIDE SERVICES	29,868		29,868	
PAYROLL TAX EXPENSE	2,008		2,008	
STATE REGISTRATIONS	4,846		4,846	
UTILITIES	5,373		5,373	
BANK CHARGES	32,605			32,605
CAGING & CASHIERING	189,902			189,902
DATA PROCESSING	409,395			409,395
DIRECTOR'S FEES	3,080			3,080
LIST RENTALS	448,067			448,067
MAIL HOUSE FEES	29,334			29,334
MISCELLANEOUS	4,453			4,453
TELEMARKETING	39,923			39,923
BANK CHARGES	120	120		
DIRECTORS' FEES	9,240	9,240		
LIST RENTALS	799	799		
TELEMARKETING	22,636	22,636		
BANK CHARGES	2,356	2,356		
CAGING & CASHIERING	18,267	18,267		
DATA PROCESSING	41,480	41,480		
LIST RENTALS	40,075	40,075		
MAIL HOUSE FEES	3,431	3,431		
MISCELLANEOUS	-4,194	-4,194		
TELEMARKETING	11,751	11,751		
BANK CHARGES	6,800	6,800		
CAGING & CASHIERING	38,253	38,253		
DATA PROCESSING	56,930	56,930		
LIST RENTALS	85,501	85,501		
MAIL HOUSE FEES	3,837	3,837		
MISCELLANEOUS	86	86		
TELEMARKETING	1,557	1,557		
BANK CHARGES	1,592	1,592		
CAGING & CASHIERING	6,781	6,781		
DATA PROCESSING	38,055	38,055		
LIST RENTALS	24,675	24,675		
MAIL HOUSE FEES	2,510	2,510		
TOTAL	\$ 1,642,072	\$ 412,538	\$ 72,775	\$ 1,156,759



**Statement 2 - Form 990, Part III, Line a - Statement of Program Service Accomplishments**

LOBBYING-PROJECT CURE, INC.'S LOBBYING PROGRAM IS DIRECTED AT THE WHITE HOUSE AND CONGRESS, PROMOTING FOUR PROGRAMS: THE ALZHEIMER'S DISEASE FUND, CENTER FOR ADVANCED HEART RESEARCH, THE NATIONAL DIABETES FUND, AND THE PROSTATE CANCER FUND. AT THE CORE OF EACH OF THESE PROGRAMS IS THE BASIC PREMISE THAT AMERICA'S HEALTH CARE SYSTEM, WHICH IS GEARED TOWARD SERVING THE INTERESTS OF HEALTH CARE PROVIDERS, MUST BE RADICALLY ALTERED TO SERVE THE INTEREST OF THE AMERICAN PUBLIC. THESE PROGRAMS ENCOURAGE CITIZENS TO COMMUNICATE THEIR VIEWS TO LAWMAKERS VIA PETITIONS, LETTERS, PHONE CALLS, AND PERSONAL VISITS. MEETING WITH LAWMAKERS AND THEIR AIDES ARE ALSO CONDUCTED TO DISCUSS PERTINENT HEALTH ISSUES AND LEGISLATION.

EDUCATION-INFORMATION REGARDING HEART DISEASE, ALZHEIMER DISEASE, DIABETES, AND PROSTATE CANCER TREATMENTS ARE DISSEMINATED TO THE PUBLIC VIA LETTERS, BROCHURES, PRINTED MATERIAL, RADIO AND TELEVISION PRESENTATIONS AND PARTICIPATION IN SEMINARS, WORKSHOPS, AND DEBATES. HEALTH CARE PROVIDERS, MEDIA AND OTHERS INTERESTED IN EXPANDING THEIR KNOWLEDGE IN THESE AREAS ARE PROVIDED EDUCATIONAL INFORMATION IN AN EFFORT TO BROADEN THE BASE OF RESEARCH, LOOKING INTO NEW CUTTING EDGE TREATMENTS.

**Federal Statements**

**Statement 3 - Form 990, Part IV, Line 58 - Other Assets**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
DUE TO/FROM	\$ 15,670	\$ 4,705
TOTAL	<u>\$ 15,670</u>	<u>\$ 4,705</u>

**Statement 4 - Form 990, Part IV, Line 65 - Other Liabilities**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
ACCRUED MEDICARE	\$	\$ 160
ACCRUED FEDERAL WITHHOLDING		2,208
ACCRUED STATE WITHHOLDING		440
TOTAL	<u>\$ 0</u>	<u>\$ 2,808</u>

17240 Project Cure, Inc

52-1317559

FYE: 12/31/2002

**Federal Statements**

**Statement 5 - Form 990, Part VII, Line 103 - Other Revenue**

<u>Description</u>	<u>Business Code</u>	<u>Unrelated Amount</u>	<u>Exclusion Code</u>	<u>Exclusion Amount</u>	<u>Related Income</u>
MISC INCOME		\$		\$	\$ 8
LIST RENTAL INCOME					152,861
MISC INCOME					20
MISC INCOME					47
MISC INCOME					8
LIST RENTAL INCOME					-4,306
TOTAL		\$ 0		\$ 0	\$ 148,638

17240 Project Cure, Inc

52-1317559

FYE: 12/31/2002

**Federal Statements**

**Form 990, Part I, Line 1a - Direct Public Support**

<u>Description</u>	<u>Cash</u>	<u>Noncash</u>	<u>Total</u>
DIRECT PUBLIC SUPPORT	\$ 25,682	\$	\$ 25,682
REFUNDS & ADJUSTMENTS	1,042		1,042
DIRECT PUBLIC SUPPORT	1,599		1,599
DIRECT PUBLIC SUPPORT	780,146		780,146
REFUNDS & ADJUSTMENTS	-5		-5
DIRECT PUBLIC SUPPORT	3,051,388		3,051,388
REFUNDS & ADJUSTMENTS	-3,020		-3,020
DIRECT PUBLIC SUPPORT	539,825		539,825
TOTAL	<u>\$ 4,396,657</u>	<u>\$ 0</u>	<u>\$ 4,396,657</u>

**Project Cure, Inc**  
**Fundraising**  
**12/31/2002**

Fundraising consultant  
Direct Response Consulting Services  
6849 Old Dominion Drive Suite 320 McLean, VA 22101  
phone 703-749-3100 fax 703-749-0967